	A I D &		PART E	B - FEE(S)) TRA	NSMITTAL			
Complete and	Complete and send this form, together with applicable fee(s), to: Mail						Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450		
الال 🙀 الا	JUN 0 3 2005 C					Alexandria, Virginia 22313-1450			
		8			Fax	(703) 746-4000			
INSTRUCTIONS: This form sheet be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected better or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee institutions.									
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
26574	7590	03/24/2005				nancrs. Each addition	al paper, such as an assignm e of mailing or transmission.	ent or formal drawing, must	
SCHIFF HARDIN, LLP PATENT DEPARTMENT 6600 SEARS TOWER CHICAGO II 60606-6473						Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
CHICAGO, IL 60606-6473 6/06/2005 FFANAIA3 00000040 10009469						Steven H. Noll (Depositor's name)			
						Say, JUSCA (Signature)			
1 FC:1501 1400.00 DP						June 1, 2	005	(Date)	
APPLICATION	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/009,46	10/009,469 05/24/2002				k Hedbei	rg	P01,0442	1706	
TITLE OF INVENTION: METHOD AND CIRCUIT FOR MONITORING AN OSCILLATOR IN A MEDICAL IMPLANT									
APPLN. TYI	PE	SMALL ENTITY	ISSUE F	EE	PL	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisio	nonprovisional NO		\$1400			\$0	\$1400	06/24/2005	
EXAMINER ART UN				NIT	CI	LASS-SUBCLASS]		
SCF	SCHAETZLE, KENNEDY 3762					607-027000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.					2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Schiff Hardin LLP				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
St. Jude Medical AB Jarfalla, Sweden									
Please check the a	ppropriate ass	ignee category or categor	ries (will not be pr	rinted on the p	patent):	☐ Individual 🖾 C	orporation or other private gr	oup entity Government	
4a. The following	fcc(s) are enc	losed:	41	b. Payment of	` '			۸.	
Issue Fee ☑ A check in the amount of the fee(s) is enclosed. ☑ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.								•	
						ector is hereby authorized by charge the required fee(s), or credit any overpayment, to count Number 501519 (enclose an extra copy of this form).			
			· · · · · · · · · · · · · · · · · · ·	Deposit Acc	count Nu	mber 501519	(enclose an extra	copy of this form).	
	•	om status indicated above LL ENTITY status. See :	•	☐ b. Applie	cant is no	longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).	
The Director of the NOTE: The Issue interest as shown by	USPTO is re Fee and Publi by the records	equested to apply the Issu cation Fee (if required) w of the United States Pate	ne Fee and Publica will not be accepted and Trademark	tion Fee (if and from anyon office.	ny) or to e other th	re-apply any previous nan the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Sign	nature	Steven	91.10	10 T	// -	Date J	ine 1, 2005		
Typed or printe	d name	Steven H. Nol	1		_	Registration	No. 28,982		
This collection of i	nformation is	required by 37 CFR 1.3	11. The information	on is required	to obtain	or retain a benefit by	the public which is to file (an	d by the USPTO to process)	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.